



# THRIFT SAVINGS PLAN

## INFORMATION RELATING TO DECEASED PARTICIPANT

# TSP-17

Use this form to provide information about potential beneficiaries of a deceased Thrift Savings Plan (TSP) participant. Read the instructions for each section before completing the form. **A copy of the participant's certified death certificate must accompany this form.**

### I. INFORMATION ABOUT DECEASED PARTICIPANT

1. Name of Deceased Participant \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number Date of Birth (Month/Day/Year) Date of Death
5. Legal Residence at Time of Death \_\_\_\_\_  
Street Address
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country Zip Code
9. ☐ Check here to indicate that you have attached a copy of the certified death certificate (as required).

### II. INFORMATION ABOUT YOU

10. Name \_\_\_\_\_ 11. \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_  
Last First Middle Social Security Number (or TIN if
12. Address \_\_\_\_\_  
Street Address or Box Number
13. City \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_  
State Zip Code
16. Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_ 17. \_\_\_\_\_  
Relationship to Deceased Participant

### III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

18. **Participant's Spouse** — Was the participant married at the time of death?  
☐ Yes ☐ No ☐ Don't Know  
If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 19-22 below.
19. **Participant's Children** — At the time of the participant's death, were there any **living** children of the  
☐ Yes ☐ No ☐ Don't Know  
If "Yes," how many? \_\_\_\_\_ ☐ Check here if unsure of the number of children you
20. **Participant's Grandchildren** (from deceased children **only**) —  
A. Were there any children of the participant who died **before** the participant died?  
☐ Yes ☐ No ☐ Don't Know  
If "Yes," how many? \_\_\_\_\_ ☐ Check here if unsure of the number of children you
- B. If the participant had children who died before he/she died, were there any descendants of those children (i.e., the participant's grandchildren)?  
☐ Yes ☐ No ☐ Don't Know  
If "Yes," how many? \_\_\_\_\_ ☐ Check here if unsure of the number of grandchildren you
21. **Participant's Parents** —  
A. Was the participant's mother living at the time of the participant's death?  
☐ Yes ☐ No ☐ Don't Know  
B. Was the participant's father living at the time of the participant's death?  
☐ Yes ☐ No ☐ Don't Know
22. **Executor or Administrator of Participant's Estate** — Is there an Executor or administrator for the estate of the participant?  
☐ Yes ☐ No ☐ Don't Know

If you answered "Yes" to any of questions 19-22, complete Section IV and the rest of this form. If you answered "No" to **every** question in this Section III, skip to Section VII; you may be contacted for additional

## INFORMATION AND INSTRUCTIONS

### IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

The information in this section will be used to locate potential beneficiaries. Be sure to fill in the deceased participant's name and Social Security number at the top of the page. If you need to list more than five persons, make as many photocopies of the page as you need. Check the box at the bottom of the page, and indicate the number of additional pages attached.

If you cannot provide all of the requested information, provide as much information as you can. Write "Don't Know" on any line for which you do not have information. If the information that you are able to provide is not enough to contact the potential beneficiary (that is, if you cannot provide a full address or telephone number) or if you only have information about some of the beneficiaries, also complete Section V.

When providing information about a potential beneficiary who was living at the time of the participant's death but who died after the participant, be sure to provide the date of death for that person.

If you are providing information about children of the participant, be sure to include natural children (including those who were born out of wedlock) and those who were adopted by the participant. **Do not provide** information for natural children who were adopted by someone other than the participant's spouse.

In the following example, the participant was not married at the time of death, but the participant has two living children, a deceased child who had a son, and a surviving father. Because the participant was not married at the time of death, the applicant needs to provide information about the participant's living children and the grandchild (from the participant's deceased child) identified in Items 19 and 20B. There is no need to provide information about the deceased child identified in Item 20A because that child predeceased the participant. There is also no need to provide information about the surviving parent, because the living children and

|   |   |  |  |  |
|---|---|--|--|--|
| III.<br>INFORMATION<br>ABOUT<br>POTENTIAL<br>BENEFICIARIES  | <b>18. Participant's Spouse</b> — Was the participant married at the time of death?   |  |  |  |
|   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know   |  |  |  |
|   | <b>19. Participant's Children</b> — At the time of the participant's death, were there any <b>living</b> children of the participant?                       |  |  |  |
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know   |  |  |  |
|   | If "Yes," how many? <u>2</u> <input type="checkbox"/> Check here if unsure of the number of children you entered.   |  |  |  |
|   | <b>20. Participant's Grandchildren</b> (from deceased children only) —  |  |  |  |
|   | <b>A.</b> Were there any children of the participant who died <b>before</b> the participant died?   |  |  |  |
|   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know   |  |  |  |
|   | If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if unsure of the number of children you entered.   |  |  |  |
|   | <b>B.</b> If the participant had children who died before he/she died, were there any descendants of those children (i.e. the participant's grandchildren)? |  |  |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know                           |   |  |  |  |
| If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if unsure of the number of grandchildren you entered.            |   |  |  |  |
| <b>21. Participant's Parents</b> —  |   |  |  |  |
| <b>A.</b> Was the participant's mother living at the time of the participant's death?   |   |  |  |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know                           |   |  |  |  |
| <b>B.</b> Was the participant's father living at the time of the participant's death?   |   |  |  |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know                           |   |  |  |  |
| IV.<br>DETAILED<br>INFORMATION<br>ABOUT<br>POTENTIAL<br>BENEFICIARIES   | ◆ Name <u>Stanek</u> <u>Brad</u> <u>Scott</u> <u>Son</u>  |  |  |  |
|   | Last First Middle Relationship to Deceased Participant  |  |  |  |
|   | Address <u>123 Main Street</u> <u>Chicago,</u> <u>IL</u> <u>60612</u>   |  |  |  |
|   | Street Address or Box Number City State Zip Code  |  |  |  |
|   | Phone ( <u>312</u> ) <u>555</u> — <u>1985</u> Social Security Number <u>912</u> — <u>34</u> — <u>5678</u>   |  |  |  |
|   | Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening   |  |  |  |
|   | If <b>this</b> person died <b>after</b> the participant, provide the date of death. <u>      </u> / <u>      </u> / <u>      </u>                           |  |  |  |
|   | Month Day Year  |  |  |  |
|   | ◆ Name <u>Wadine</u> <u>Marie</u> <u>Therese</u> <u>Daughter</u>  |  |  |  |
|   | Last First Middle Relationship to Deceased Participant  |  |  |  |
| Address <u>1523 West Walnut St.</u> <u>Pottstown,</u> <u>PA</u> <u>19464</u>  |   |  |  |  |
| Street Address or Box Number City State Zip Code  |   |  |  |  |
| Phone ( <u>610</u> ) <u>555</u> — <u>943</u> Social Security Number <u>923</u> — <u>45</u> — <u>6789</u>                          |   |  |  |  |
| Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening   |   |  |  |  |
| If <b>this</b> person died <b>after</b> the participant, provide the date of death. <u>      </u> / <u>      </u> / <u>      </u> |   |  |  |  |
| Month Day Year  |   |  |  |  |
| ◆ Name <u>Stanek</u> <u>Thomas</u> <u>Arthur</u> <u>Grandson</u>  |   |  |  |  |
| Last First Middle Relationship to Deceased Participant  |   |  |  |  |
| Address <u>921 North Avenue</u> <u>Gaithersburg,</u> <u>MD</u> <u>20878</u>   |   |  |  |  |
| Street Address or Box Number City State Zip Code  |   |  |  |  |
| Phone ( <u>301</u> ) <u>555</u> — <u>1980</u> Social Security Number <u>934</u> — <u>56</u> — <u>7890</u>                         |   |  |  |  |
| Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening   |   |  |  |  |
| If <b>this</b> person died <b>after</b> the participant, provide the date of death. <u>      </u> / <u>      </u> / <u>      </u> |   |  |  |  |
| Month Day Year  |   |  |  |  |

**IV.  
DETAILED  
INFORMATION  
ABOUT  
POTENTIAL  
BENEFICIARIES**

If the participant was married at the time of death, provide the requested information for the deceased participant's spouse only. **Otherwise**, provide the requested information for all **living** children of the participant whom you identified in Item 19 and all grandchildren (**from deceased children only**) whom you identified in Item 20B in Section III. (You do not need to provide this information for any children identified in Item 20A who died before the participant.)

If you answered "**No**" to **all** questions related to the spouse **and** children, provide the requested information for parent(s) of the participant identified as living in Items 21A and 21B. **If there were no living parents**, provide information about the Executor or Administrator identified in Item 22.

◆ **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street Address or Box Number City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one: ☐ Daytime ☐ Evening

If **this** person died **after** the participant, provide the date of death.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

◆ **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street Address or Box Number City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one: ☐ Daytime ☐ Evening

If **this** person died **after** the participant, provide the date of death.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

◆ **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street Address or Box Number City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one: ☐ Daytime ☐ Evening

If **this** person died **after** the participant, provide the date of death.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

◆ **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street Address or Box Number City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one: ☐ Daytime ☐ Evening

If **this** person died **after** the participant, provide the date of death.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

◆ **Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street Address or Box Number City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one: ☐ Daytime ☐ Evening

If **this** person died **after** the participant, provide the date of death.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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**INFORMATION AND INSTRUCTIONS**

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**V.  
REFERRAL FOR  
INFORMATION**

If you answered "Don't Know" about potential beneficiaries in Section III, **or** you cannot provide a name, address, or the telephone number for any individual you identified in Section IV, provide the name, address, and the phone number of anyone else whom the TSP can contact to obtain this information. If you cannot provide both the address and telephone number, provide any information that you can.

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**VI.  
ADDITIONAL  
INFORMATION**

You can use the space in this section to expand upon or clarify any information provided on this form. You can also use this space to provide additional information not covered elsewhere on this form that may be relevant to the disposition of the deceased participant's account. (If you need additional space, continue on a blank sheet of paper.)

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**VII.  
CERTIFICATION**

You must sign and date this form.

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Deceased Participant's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**V.  
REFERRAL  
FOR  
INFORMATION**

Complete this section if:

- ♦ You cannot provide a current address or telephone number for a potential beneficiary whom you listed in Section IV.
- ♦ There is no spouse and you believe there may be additional children about whom you have limited knowledge.
- ♦ You answered "Don't know" about potential beneficiaries in Section III.

**Please refer us to someone who may be able to provide this information.** (For more space, use Section VI.)

e \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone

s \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Participant \_\_\_\_\_

apply? \_\_\_\_\_

\_\_\_\_\_

**VI.  
ADDITIONAL  
INFORMATION**

Use this space to provide any information that may be relevant to the disposition of the deceased participant's account and that is not covered elsewhere on this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII.  
CERTIFICATION**

I certify that the information I have provided is true and complete to the best of my knowledge. **warning:** Any intentional false statement in this form or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

23. \_\_\_\_\_  
Your Signature

24. \_\_\_\_\_  
Date Signed

**PRIVACY ACT NOTICE.** We are authorized to collect this information under 5 U.S.C. 552a (1976) and 8401-8479 (1994). We are authorized by Executive Order Number 9397 to ask for the participant's Social Security number and your Social Security number, and by 26 U.S.C. 6109 (1994) to request a Taxpayer ID number. We will use the information on this form to identify the participant's account and process this form. This information may be shared with other Federal agencies to administer the account or for statistical, auditing, or archiving purposes. This information may also be shared

under this program, to report income tax, or for other law enforcement purposes. It may also be shared with Congressional offices, Individual Retirement Arrangement plans, auditing firms, and other beneficiaries and representatives of the participant's estate. It may also be released in response to a court order or subpoena, or to appropriate parties engaged in litigation affecting the participant's TSP account. You are not required to provide any of the information requested on this form, but if it is not provided, the TSP Service Office may not be able to make payment or